

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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AUG 19 2003
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12054</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Frank</u> <u>X</u> <u>Mc Aleer</u> P.O. Box, Bldg., Room No., if any _____ Street <u>560 Fellowship Rd suite 418</u> City <u>Mt. Laurel</u> State <u>New Jersey</u> ZIP Code + 4 <u>08054</u>	4. Name, file number, and address of labor organization. Name <u>Communications Workers of America (CWA)</u> Labor Organization File Number <u>007991</u> P.O. Box, Building and Room Number, if any _____ Street <u>560 Fellowship Rd suite 418</u> City <u>Mt. Laurel</u> State <u>New Jersey</u> ZIP Code + 4 <u>08054</u>
5. Position in labor organization. <u>Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <u>Attend the International Foundation Conference and 4 Trustee Meeting</u> 7.b. Amount. <u>5771.95</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed _____

On _____

Date

Telephone Number _____

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (*) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

MONEY ORDER

W013043338

FILL IN THIS STUB AND
SAVE FOR YOUR RECORD

DATE AND AMOUNT

APR 14 2005

\$100.00

DETACH HERE

TO PNT Typo Pen
FOR Lunch
Protein Overpay

THIS IS A PRE-PAID MONEY ORDER
ISSUED BY THE UNITED STATES DEPARTMENT OF THE TREASURY
FOR THE PAYEE'S USE ONLY. IT IS NOT A CHECK AND CANNOT BE CASHED.
FOR MORE INFORMATION, VISIT WWW.FINANCIALCITY.COM
P.O. BOX 10000, CAMP HILL, PA 17001-0000
800-927-6319

PURCHASER'S RECEIPT

MONEY ORDER

W013043337

FILL IN THIS STUB AND
SAVE FOR YOUR RECORD

DATE AND AMOUNT

APR 14 2005

\$500.00

DETACH HERE

TO PNT Typo Pen
FOR Lunch
Protein Overpay

THIS IS A PRE-PAID MONEY ORDER
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FOR MORE INFORMATION, VISIT WWW.FINANCIALCITY.COM
P.O. BOX 10000, CAMP HILL, PA 17001-0000
800-927-6319

PURCHASER'S RECEIPT

⊗ over Payment send Money Back

Frank M. Vaccaro & Associates, Inc.

Actuarial and Administrative Consultants

27 Roland Avenue • Suite 200
Mount Laurel, NJ 08054-1057

(856) 793-2501

Fax (856) 793-3105

1-800-883-3682

August 5, 2005

Frank McAleer
PNI/CWA Local Union No. 14199
Plaza Office Center
560 Fellowship Road, Ste. 418
Mt. Laurel, NJ 08054

Re: PNI/CWA Local Union No. 14199
Pension Fund

Dear Mr. McAleer:

In accordance with the LM-30 filing requirements by the Department of Labor, the following is a detailed list of all reimbursements made to you or on your behalf during 2004 from the Fund. This information is being provided to assist you in the preparation of your LM-30 for 2004 that is due by August 15, 2005. Should you have any questions related to your specific situation and filing requirement, we suggest you contact your legal counsel.

Date Paid	Description	Amount Paid
2/29/2004	Lost Wages for Trustee Meeting Appearance	\$ 826.75
5/10/2004	Educational Conference Expense	1,265.00
11/16/2004	Educational Conference Expense	283.20
11/16/2004	Educational Conference Expense	1,224.10
11/16/2004	Educational Conference Expense	750.00
11/16/2004	Lost Wages for Trustee Meeting Appearance	1,422.90
11/24/2004	Educational Conference Expense	600.00
TOTAL		\$ 6,371.95

As always, if we may be of any further assistance or if you require any additional information, please do not hesitate to contact our office.

Sincerely

FRANK M. VACCARO & ASSOCIATES, INC.



Alexa Finkler
Administrative Assistant

/sb

FAXED

